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Bib Data Sheet

CONFIRMATION NO. 2966

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/964,985  | <b>FILING DATE</b><br>09/26/2001<br><b>RULE</b>   | <b>CLASS</b><br>358           | <b>GROUP ART UNIT</b><br>2622   | <b>ATTORNEY DOCKET NO.</b><br>SLA 1004 |                                |
| <b>APPLICANTS</b><br>Andrew Fertlitsch, Tigard, OR;<br>Mary Louise Bourret, Portland, OR;<br>Jerry Steven Orleck, Portland, OR;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/261,132 01/11/2001 <i>200</i>  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/29/2001</b>  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Benjamin</i><br>Acknowledged <i>Andrew</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>OR | <b>SHEETS DRAWING</b><br>16   | <b>TOTAL CLAIMS</b><br>25              | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>Scott C. Kriger, Patent Attorney<br>Sharp Laboratories of America, Inc.<br>5750 NW Pacific Rim Boulevard<br>Camas, WA 98607   |   |                               |   |  |                                |
| <b>TITLE</b><br>Methods and systems for printing device load-balancing  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1040  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |